# ND9000003385

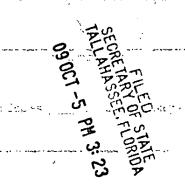
(Requestor	s Name)		
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Amend Cus Maillin Da

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: Keeping Sibling	s Together , Inc.	
DOCUMENT NU	мвек: N0900003385		
The enclosed Artic	eles of Amendment and fee are submi	itted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
		Chambers	
	(Name of Co	ontact Person)	
	Keeping Sib	lings Together	
	(Firm/ C	Company)	<del></del>
	2061 NW	/ 28th Ave	
	(Ad	dress)	
	Fort Laudero	lale, FL 33311	
	(City/ State	and Zip Code)	
		21@aol.com or future annual report notificati	on)
For further inform	ation concerning this matter, please c	all:	
Felicia Chambe	ers	at ( 954 ) 309-1394	
(Na	me of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a chec	k for the following amount made pay	able to the Florida Department of	of State:
□\$35 Filing Fee	₩\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address mendment Section vision of Corporations D. Box 6327 Illahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	

#### Articles of Amendment to Articles of Incorporation of

	olings logether, Inc.	
(Name of Corporation as curr	ently filed with the Florida Dept. of S	
N09	000003385	
(Document Nur	mber of Corporation (if known)	090
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Ir		Profit Corporation adopts
A. If amending name, enter the new name o	f the corporation:	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" of		ncorporated" or the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/or new registered agent and/or the new regi	istered office address:	enter the name of the
Name of New Registered Agent:	Felicia Chambers	
	2061 NW 28th Ave	
New Registered Office Address:	(Florida street address)	
	Fort Lauderdale	, Florida 33311
	(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered position.		ή

Parge 1 of 3

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

Address

Type of Action

Title

**Name** 

P/C/D	Felicia Chambers	2061 NW 28th Ave Fort Lauderdale, FI 33311	☑ Add ☐ Remove
T/D	Shameshia Brown	1421 NW 33 Terrace Lauderhill, FL 33311	Add Remove
<u>S D</u>	Rocetta Walker	2404 NW 39th May HELDS Lauderche Lakes, Fl 33311	☑ Add ☐ Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specifi		
Article III. TI	nis corporation is a non-profit publi	c benefit corporation and is n	ot organized
for the priva	te gain of any person. The organiz	ation is organized for charital	ole purposes
**	in section 501(c)3 of Internal Reve		
allow for act	ivities and events commensurate v	with not for profit organization	
Article V. Th	e name and Florida street address	s of the registered agent is Fe	licia Chambers
2061 NW 28	8th Avenue, Fort Lauderdale, FL 3	3311.	
Article VIII.	No part of the net earnings of the	organization shall inure to the	benefits of,
or be distrib	utable to its members, trustees, of	ficers, or other private person	s, except
that the orga	anization shall be authorized and e	empowered to pay reasonable	<b>)</b>
compensati	on for services rendered and to ma	ake payments and distribution	ns and
furtherance	of the purposes set forth in the cla	use hereto. No substantial p	art of the
activities of	the organization shall be carrying	on of propaganda, or otherwis	se attempting
to influence	legislation, and the organization s	hall not participate in, interve	ene in (including

the publishing or distribution of statements) any political campaign on behalf of any

corporation shall not carry on any other activities not permitted to carry on (1) by

candidate for public office. Nothwithstanding any other provisions of these articles the

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
P/C/D	Felicia Chambers	2061 NW 28th Ave	☑ Add
		Fort Lauderdale, FI 33311	Remove
			<del></del> -
T/D	Shameshia Brown	1421 NW 33 Terrace	⊠ Add
		Lauderhill, FL 33311	Remove
			□ Add
<del></del>			
			<del></del>
	ing or adding additional Articles, enditional sheets, if necessary). (Be sp	ter change(s) here: pecific)	
	continued (1) by corporation e	·	section 501(c)3
of the Inte	rnal Revenue Code of 1986; (2)	by a corporation contribution t	o which a
deductible	under section 170(c)2 of the In	ternal revenue Code, or the co	rresponding
provisions	of any federal code.		
	· · · · · · · · · · · · · · · · · · ·		***************************************
	——————————————————————————————————————		
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			<u> </u>
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The date of each amendment	(s) adoption: July 1, 2009
Effective date if applicable:	July 15, 2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wee was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s roval.
There are no members or radopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated July	13, 2009
Signature	the chairman or vice chairman of the board, president or other officer-if dire
hav	not been selected, by an incorporator - if in the hands of a receiver, trust exceurt appointed fiduciary by that fiduciary)
	Felicia Chambers
	(Typed or printed name of person signing)
	P/C/D
	(Title of person signing)

Page 3 of 3